

A.D.8.3, Pharmacy Care - Prepared for signature 7/14/99 - effective 8/16/99

1. Policy. The Department of Correction shall provide pharmacy care that meets legal and community standards of practice.
2. Authority and Reference.
 - A. Connecticut General Statutes, Sections 18-81, 20-14h through 20-14j, 20-590, 20-594, Chapters 400j, 417, 418, 420b and 420c.
 - B. Regulations of Connecticut State Agencies, Section 21a-262-3.
 - C. Connecticut Comprehensive Drug Laws, April 1999.
 - D. American Correctional Association, Standard For Adult Correctional Institutions, Third Edition, Standards 3-4341 and 3-4342.
 - E. National Commission on Correctional Health Care 1997, P-27.
 - F. Administrative Directive 6.6, Reporting of Incidents.
3. Definitions. For the purposes stated herein, the following definitions apply:
 - A. Administration. The act in which a single dose of a prescribed drug or biological is given to an inmate by an authorized person. The complete act of administration includes removing an individual dose from a previously dispensed, properly labeled container, verifying it with the practitioner's order, giving the individual dose to the proper inmate, and promptly recording the time and dose given. Administration is limited to nurses, practitioners, and trained persons in accordance with C.G.S., Sections 20-14h to 20-14j.
 - B. Compounding. The act of selecting, mixing, combining, measuring, counting or otherwise preparing a drug or medication.
 - C. Delivery. The movement of a labeled, prepackaged container, of multiple doses of drug to the inmate when inmate self-administration and possession is permitted.
 - D. Device. Instruments, apparatus and contrivances, including their components, parts and accessories, intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans.
 - E. Dispensing. Those acts of processing a drug for delivery or administration to an inmate pursuant to the order of a practitioner. Dispensing consists of: (1) comparing directions on the label with the directions on the prescription or order to determine accuracy; (2) selection of the drug from stock to fill the order; (3) counting, measuring, compounding, or preparation of the drug; (4) placing the drug in the proper container, affixing the label to the container; and (5) the addition of any required notations to the written prescription. Dispensing does not include the acts of distributing or administration of that drug to the inmate. The function of dispensing is limited to pharmacists and practitioners.
 - F. Distributing. The movement of a drug, in the originally labeled manufacturer's container, or in a labeled prepackaged container from the pharmacy to a nursing service area.
 - G. Dose. The amount of drug to be administered at one time.
 - H. Drug. An article recognized in the United States Pharmacopoeia, Official Homeopathic Pharmacopoeia of the United States or Official National Formulary, or any supplement to any of them intended for

use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans. Drugs, other than food, are intended to effect the structure or any function of the body of humans.

- I. Facility. A correctional institution or a contracted residential program.
 - J. Formulary. A list of drugs approved for use. This list contains legend, non-legend, and controlled drugs.
 - K. Legend Drugs. Any article, substance, preparation or device that bears the legend: "Federal law prohibits dispensing without a prescription." Legend drugs are available for use on the written order of a practitioner.
 - L. Non-Legend Drugs. Drugs commonly referred to as over-the-counter drugs, available for use without the written order of a practitioner. These drugs are available from the commissary and health staff consistent with nursing protocol interventions for treatment of minor and uncomplicated illness or discomfort.
 - M. Pharmacist. A person duly licensed by the Connecticut Commission of Pharmacy to engage in the practice of pharmacy pursuant to C.G.S., Section 20-590.
 - N. Pharmacy. A secure location where drugs are stored and regularly compounded or dispensed and records of such compounding or dispensing are maintained under the direct charge of a full-time pharmacist. This pharmacy shall be licensed consistent with C.G.S., Section 20-594.
 - O. Pharmacy Care. The functions and activities encompassing the procurement, dispensing, distribution, storage, and control of all pharmaceuticals used within the facility, the monitoring of inmate drug therapy, and the provision of inmate/patient drug information.
 - P. Practitioner. A physician, dentist, psychiatrist, podiatrist, nurse practitioner, advanced practice nurse or other person authorized to prescribe drugs in the course of professional service in the State of Connecticut.
 - Q. PRN Drug. A drug which a physician has ordered to be administered only when needed under certain circumstances.
 - R. Responsible Health Authority. The Health Services Administrator responsible for the provision of inmate health care in a Complex.
4. Pharmacy Care. Each Health Services Administrator shall assure the availability of pharmacy care to meet the needs of the inmates. Care shall be provided in accordance with applicable Federal and State laws and regulations, and provided under the supervision of a pharmacist.
- A. The pharmacist shall be responsible for the following functions:
 - 1. compounding, packaging, labeling, dispensing and distributing of all drugs administered to inmates;
 - 2. monitoring inmate drug therapy for potential drug interactions and incompatibilities; and
 - 3. inspecting areas within the facility where drugs are stored (including emergency and contingency supplies) at least to assure that all drugs are properly labeled, stored and controlled. The pharmacist shall identify areas that are not in compliance with Federal and State laws and regulations, and make recommendations for improvement. Reports indicating findings and recommendations shall be forwarded to the

responsible health authority and kept on file in the facility for a minimum of three (3) years.

- B. Proper space and equipment shall be provided within the facility for the storage and safeguarding of drugs and devices, and the administration of drugs.
1. Any drug and device storage or medication administration area, shall be clean, organized, illuminated, ventilated, and maintained at an appropriate temperature range. Any mobile medication cart that is not being used in the administration of medication to inmates shall be stored in a locked room, which meets this requirement.
 2. Drug and device cabinets (stationary or mobile) shall be closed and locked when not in use.
 3. Controlled substances shall be stored and handled in accordance with provisions set forth in C.G.S., Chapter 420b and 420c.
- C. Each Health Services Unit shall develop, implement and enforce written policies and procedures for procurement, control, accountability, delivery, distribution, and assurance of quality of all drugs and devices, in accordance with the following standards:
1. Records shall give an accounting of each drug acquired and indicate drug disposition. The contract health service provider shall retain these records for a minimum of three (3) years and make them available for inspection at the request of the Director of Health Services. Drug procurement and dispensing details shall be made available in an electronic media format that can be read by the current agency office information management software (spreadsheet and database) system.
 2. Drugs shall be distributed in the facility in accordance with the following requirements:
 - a. All medications shall be dispensed to inmates on an individual basis except for a predetermined contingency medication supply.
 - b. Contingency stock shall be limited to emergency drugs, supplies of legend drugs for initiating therapy when the pharmacy is closed, and routinely used non-legend drugs. Facilities with controlled substance registration, consistent with C.G.S., Chapter 420c, may include controlled substances in the contingency supply.
 - c. Emergency drugs, including a proper supply of antidotes, shall be readily available in designated secure location(s) and Health Services staff shall be aware of that location(s). The poison information telephone number shall be posted.
 3. Drugs shall be stored under proper conditions of security, segregation, and environmental control at all storage locations.

- a. Drugs shall be accessible only to legally authorized persons.
 - b. Drugs requiring refrigeration shall be stored in a separate double locked box or enclosure in a refrigerator that is used exclusively for medication and medication adjuncts. The inside temperature of this refrigerator shall be maintained at a temperature range between 36 and 46 degrees Fahrenheit.
 - c. Antiseptics and other drugs for external use shall be stored separately from internal and injectable medication.
4. Drugs shall be kept in containers labeled by a pharmacist or in their original manufacturer labeled container. Medication shall only be transferred from these containers in preparation of a dose for administration. Drugs dispensed to inmates who are off grounds or at the time of discharge from the facility shall be packaged in accordance with the provisions of the Federal Poison Prevention Act and any other applicable Federal or State law.
5. Drugs shall be properly labeled with the label firmly affixed to the prescription package. Each label shall indicate the name, address, and telephone number of the dispensing pharmacy in addition to the following:
- a. contingency medication containers shall be labeled, at minimum, with drug name, strength, quantity, manufacturer (if a multi-source generic drug), manufacturer lot number or internal control number, and expiration date;
 - b. the label for containers of inmate specific medication, shall at minimum, include inmate name, inmate number, prescription number, prescribing practitioner name, drug name, strength, quantity, manufacturer (if a multi-source generic drug), directions for use, dispensing date, drug expiration date, and drug order expiration date. Accessory or cautionary labels shall be applied as appropriate; and
 - c. in cases where a multiple dose package is too small to accommodate the prescription label, the label may be placed on an outer container into which the multiple dose packages are placed.
6. Drugs on the premises of the facility which are outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued, or obsolete shall be stored in a separate secure storage area and disposed of in accordance with the following requirements:
- a. Controlled substances shall be disposed of in accordance with the Regulations of Connecticut State Agencies, Section 21a-262-3.
 - b. A licensed nurse or pharmacist in the presence of another staff person shall destroy non-controlled substances on the premises, in a safe manner so as to

render the drugs non-recoverable. The facility shall maintain a record of all drug destruction. The strength, form and quantity of drugs destroyed, and the signatures of destruction record shall include, at a minimum, inmate name, inmate number, date of destruction, time of destruction, drug name, strength, quantity, method of destruction, the persons destroying the drugs and witnessing the destruction.

- c. Records for the destruction of drugs shall be kept on file for three (3) years.
 7. Current drug reference information shall be available to staff.
 8. The pharmacy shall implement a procedure to facilitate drug recall.
 9. Devices shall be inventoried and stored under proper conditions of security. A count of syringes and needles shall be taken and verified as correct at the change of each shift.
- D. Drugs shall be prescribed in a safe and effective manner, and clinical outcomes shall be monitored and documented in the medical record.
1. Medication orders shall specify drug, strength, dose, route, frequency, discontinuation date, and indication for use if the medication is intended to be used prn. Medication orders shall not be prescribed for an indefinite time period. The practitioner shall review medication regimens at specified time intervals and indication to continue or discontinue shall be given prior to the current medication discontinuation date.
 2. Medication orders that are not specific shall not be prepared until clarification is received from the practitioner. Staff shall make an effort to acquire order clarification in a timely manner.
 3. Drugs shall be prescribed from an approved drug formulary unless the contract health provider Medical Director has approved a non-formulary drug request.
 4. Inmates shall be permitted to possess and self-administer medications with the exception of controlled, psychoactive, and other drugs on the written order of a practitioner. Self-administered medication shall be monitored and controlled in accordance with facility Unit Directives. Patient drug education information shall be provided to inmates for all self-administered medication.
 5. Medication errors and apparent adverse drug reactions shall be recorded in the inmate's health record, on a Medical Incident Report, CN 6602, in accordance with Administrative Directive 6.6, Reporting of Incidents and reported to the attending physician, responsible health authority, contract health provider Medical Director, and the Director of Health Services.

- E. A pharmacy and therapeutics committee shall oversee pharmacy care provided to each facility, make recommendations for improvement, and monitor the service to ensure its accuracy and adequacy.
1. The committee shall be composed of at least one (1) pharmacist, the contract health provider Medical Director, the contract health provider Director of Quality Improvement and Field Services, and the Director of Clinical Services.
 2. The committee shall meet at least quarterly, and document its activities, findings, and recommendations.
 3. The committee shall, at minimum:
 - a. develop procedures for the distribution and control of drugs in the facility in accordance with this Directive;
 - b. review adverse drug reactions that occur in the facility and reporting clinically significant incidents to the Federal Food and Drug Administration; and
 - c. review medication errors that occur in the facility and recommend appropriate action to minimize the recurrence of such incidents.
5. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.